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THE CHICAGO DENTAL SOCIETY

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Eighty-Fifth Midwinter Meeting Terrific

Attendance On Par With Previous Years

The Eighty-Fifth Midwinter Meeting of the Chicago Dental Society will long be remembered as probably the finest dental convention ever held. It seems that this year marks the end of one stage of dentistry and the beginning of another. When one thinks of the progress made in our profession during the past half century, we know that we have definitely held our own or surpassed advancements made in other fields. We have progressed from the tooth mechanic and "ivory emporium" stage to a fully recognized, scientifically based profession. Whereas much of the last fifty years were devoted to what we now call the basic foundation or fundamental sciences of dentistry, this last convention would indicate some continuance along the same lines but also indicates a broader clinical application of our knowledge. This would mean that, as time goes on, we can do more and more for our patients, and practice our chosen profession on a much higher scale than in the past. If the success of this past meeting means anything, then the next fifty years in dentistry should be wonderful.

THE ATTENDANCE

Registration was practically identical with the last meeting, having a slight increase in the total attendance. Of the to-

tal registration of 11,809, 6,082 were dentists and 5,727 were guests. Out of 6,082 dentists, 2,777 were from the Chicago area and 3,305 were A.D.A. visitors. The 5,727 guest registration can be broken down as follows: 35 physicians, 26 health nurses, 664 students, 1,435 family guests, 995 assistants, 157 hygienists, 271 lay persons, 592 laboratory personnel, and 1,552 exhibitors and guests. When comparing these figures against last year's we find the greatest increase in the hygienists and assistants groups. The hygienists' total number is still very small, but then there are not very many hygienists as yet. The number of assistants registered has increased from 949 last year to 995 this year. This gives us a pretty figure of about one assistant for every six dentists registered. We find that about one-tenth of the total number of practicing dentists in the United States attended.

THE PROGRAM

We have been led to believe that a three-ring circus is a complicated affair, but that's peanuts compared to a dental convention of the magnitude and scope of this one, which is more like a twenty-ring circus. James W. Ford, as the general chairman, did a wonderful job, as did the program chairman, John R.

Thompson, and his vice-chairman, Gustav W. Solfronk. Many thanks to these men for a thankless job well performed.

The essay division was ably directed by chairman Lyle F. Aseltine, and Maurice C. Berman as his vice-chairman. A total of thirty-seven essays were presented. This is less than presented last year as far as numbers, but far superior as far as quality. Three symposiums were given. The first was on the prevention and treatment of oral disease by Harry Sicher, Charles Williams, Sidney Sorrin and Gordon D. Howard. The second symposium was on the control of dental caries by Robert G. Kesel, Philip Jay, Leonard S. Fosdick and Robert M. Stephan. The third symposium was on oral surgery procedures for the child patient by L. Martin Hardy, Elsie Gerlach, and Marvin E. Chapin. Some of the essays were run of the mill in material and presentation, but the majority were excellent presentations of wonderful papers. Attendance was a joy to behold since all of the essays were presented before capacity crowds.

A total of twenty-one question and answer programs were presented, under the same direction as the essay division. Without exception, all presentations were well attended and the latitude covered by the speakers made it well worthwhile for the audience. Since the list of all questions to be asked were published in the program, we could see beforehand what the speaker was to discuss.

LIMITED ATTENDANCE CLINICS

The limited attendance clinics this year were under the able direction of Edward W. Luebke as chairman and James M. O'Donoghue as vice-chairman. Over 100 clinics were given by 42 clinicians. Attendance was excellent at all presentations. This manner of presenting material has been fostered by the Chicago Dental Society for many years as being a good way in which the audience can, more or less, get individual attention from a speaker.

The general clinics were held in the

Grand Ballroom on Tuesday afternoon. Henry Boris was chairman and Paul Kanchier vice-chairman. They secured top men to present a well-rounded program in which practically every phase of dentistry was presented. 60 different clinics were given and the ballroom was packed during the entire period. 200 persons were waiting to get into the ballroom fifteen minutes before the clinics started, and long after they should have finished. Electricians turned out the lights as the only means they had of clearing the room.

It is impossible with limited space to mention all the divisions of a dental convention such as this, or to give credit to all members of committees, or to essayists and clinicians. Those of us who have ever done any of this work know and appreciate the many hours of labor involved, the strain and even the financial losses in doing work for organized dentistry. The rewards may be small but everyone can feel that he has done his part for the advancement of dentistry and has contributed his part to a profession with a wonderful future. One grain of sand does not make a beach, nor does one thought or clinic make dentistry—however, millions of grains and thoughts and clinics makes lovely beaches and real professions. The officers and directors of the Chicago Dental Society therefore want to publicly thank each and everyone connected with the 85th Midwinter Meeting for their part in making it such a tremendous success.

FIRST GENERAL SESSION

The first general session of the convention was held in the Grand Ballroom on Monday evening, February 6. The presiding officer was James W. Ford, general chairman of the Midwinter Meeting. After the invocation by the Reverend Duncan H. Browne, President George Edward Meyer presented greetings of the Chicago Dental Society, and President Philip E. Adams presented greetings of the American Dental Association. A surprise visitor was Mayor

Martin H. Kennelly of Chicago, who spoke a few well chosen words and remained for the entire lecture of the speaker of the evening, Carl Sandburg. As long as I can remember, I have never seen the Grand Ballroom entirely filled before for any speaker at the first session. Of course, most came to get a glimpse of the foremost authority on Lincoln, and since the subject of Lincoln is getting stronger every day, most everyone enjoyed the lecture tremendously. Mr. Sandburg's discussion was on "What Would Lincoln Do Today?" For an hour and a half, Mr. Sandburg talked about Lincoln in generalities, but not as to what he would do today. We were told to return to the Declaration of Independence, to read it in a quiet room, and to study it. We were told to think anew and to act anew. We were told to disenthral ourselves and then we would save our country. We were told that in times like the present, we should not utter anything for which we cannot be responsible for in time to come. We were told that Drew Pearson was a nasty individual. We were told that blended bourbon was terrible and could never take the place of straight bourbon. But we were never told what Lincoln would do today. In spite of this, most of the audience kept awake, and enjoyed the speaker, even though they didn't exactly enjoy the subject matter or presentation.

SECOND GENERAL SESSION

The second general session was held on Wednesday, February 8, with John R. Thompson as presiding officer. This was the occasion for the reading of the prize winning essay in the Ninth Annual Prize Essay Competition sponsored by the Chicago Dental Society. The winner this year was M. S. Burstone of St. Louis, Missouri, with his essay on "The Effect of Radioactive Phosphorus Upon the Development of the Teeth and Mandibular Joint of the Mouse." President Meyer of the Chicago Dental Society presented Dr. Burstone with the \$500.00 cash award. Whereas the paper was a beauti-

ful piece of work and definitely merits our attention, the poor attendance at its reading would indicate that maybe the reading of these papers before the convention should be discontinued, and instead publish the essay and present the money to the winner at the first general session.

SOCIAL

It is easy to see, that when almost 12,000 people get together, a good time is to be had by all. Anyone not having the time of their life should see their psychiatrist. Hundreds of groups had their parties, banquets and social get-togethers. Affiliated groups had their own headquarters—impromptu parties in individual rooms—excursions to points of interest in Chicago—night clubs, both the high-brow and the enjoyable kind—all served to offset the strenuous mental activity of the dental part of the convention. The all star dinner dance on Wednesday, February 8, saw over 800 people get together and really enjoy themselves. An excellent roast beef dinner was served, after which we saw a grand floor show featuring Paul Grey, as Master of Ceremonies, and Benny Sharp and his orchestra. The Social Committee under Leslie M. Butler and J. Hosmer Law was to have supervised the dinner dance, but the Entertainment Committee under Bradford T. Brown and Luther W. Hughes was told to put it on and did. In spite of the confusion of committees, the evening was perfect. However, since there seems to be one too many committees around, it is suggested that one of them be abolished and a new Social and Entertainment Committee be formed.

SUMMARY

The over-all picture of the convention was good, but not as good as last year. There appears to have been a leveling off of business, a tendency toward a return to normal. The laboratories and supply houses have found decreases in their

(Continued on page 27)

What Now?

By Frederick T. Barich

Q. What is Microscopy?

A. Microscopy may be defined as the science of our invisible world.

Q. How was this world made visible?

A. A Dutchman took a metal tube and put two pieces of glass into it, and that little gadget was able to penetrate the original iron curtain.

Q. Why did he do it?

A. Why ask me? The guy evidently had the same reason which provoked your query.

Q. What did he find?

A. According to the record, he found a cross-cut saw on the keen edge of a razor blade.

Q. Was that good?

A. Oddly enough, no one has ever been able to rid the saw blade from the razor blade—in fact, the saw blade seems to be taking over.

Q. What else did he start?

A. The keen razor blade provoked a dull chain reaction which slowly but surely is cutting thru the mystic fog.

Q. Did he discover anything else?

A. One day, after cleaning the gadget, a droplet of water slid off the end and landed on the field. He chanced a look and discovered the original invisible aquacade.

Q. What do you mean?

A. He simply discovered that there were other forms beside those found in bathing suits.

Q. Were they as interesting?

A. You must remember that the guy was not an anatomist.

Q. Were the forms in motion?

A. As a matter of fact, such basic movements as the shimmy, rhumba, samba, waltz, fox-trot, can-can, hula, the motions of the square dance and the hootchy-kooch were evident,—and subsequently copied by mere man.

Q. Were there any unusual discoveries?

A. A mathematical tenet was knocked into a cocked hat because these critters multiplied by dividing.

Q. Did the science develop very fast?

A. At first, one eye was used, then for a better look two eyes were used, and now the eyes are not trusted at all so the registration is made on a hypersensitive retina,—the photographic plate.

Q. How does the original razor blade compare under the newest microscope?

A. Instead of looking like a cross-cut saw, it now looks like the Anaconda range of the Rocky mountains,—Mt. Haggin included as the very able anchor.

Q. Do these simple forms of life rebel against the intrusion on their privacy?

A. How would you like to have high powered binoculars trained on you for 24 hours a day?

Q. Has this gadget aided man in his fight for control of the earth?

A. Indubitably! I might add that such an instrument might be focused on some higher forms who, by their activity, have similar designs on the earth.

Q. Has this mechanism been employed in dentistry?

A. Einstein Kennedy found an enamel rod that looked like a cross section of the Eiffel Tower, if that object had been hexagonal in form. The individual crystals looked like icebergs in the vicinity of Little America.

Q. What will the microscope of the future be like?

A. The instrument will be so sensitive and so powerful that it will unfold and reveal all of the secrets of invisible life on all of the habitable planets, and what is more, the scientists will view the field without even looking at it.

Q. How will that be accomplished?

A. That is a very good question.

Chicago Dental Society Hospital Coverage Best in Field

Increased Premium Rates Justified

[Editor's Note: *Members of the Chicago Dental Society were receiving professional discount from hospitals under the Group Plan up until a short time ago. No one seems to know the reason why it was discontinued. It is suggested, if you become hospitalized, that you ask for this discount. It is quite possible that it may be allowed and you will, thereby, not only save yourself money but it may result in lower premiums all around.*]

In view of the recent increase in premium rates, this is an opportune time to discuss our present and past hospital programs.

After having Blue Cross protection for many years, we decided in 1947 that we would look to the insurance field for a plan equally as good or better in protection. The reason for doing so was because of successive rate increases by Blue Cross and advice from them that on the next policy renewal date we could expect another increase.

The Michigan Life Insurance Company, through the office of Huntington and Homer, Incorporated, offered to the Society a far more liberal policy at a lower premium, so it was decided to transfer our group hospital program to this source. The Company at the time also left it optional with each member to add surgical or surgical and medical benefits as elective coverages.

The new hospital family policy cost \$45.00 for the year commencing February 1, 1948. This was exactly \$9.00 less than the new premium of \$54.00 as quoted by Blue Cross. Commencing the second policy year, the Michigan Life increased the rate for the family policy \$12.00 per year. Blue Cross had again increased its premium during the year, so on February 1, 1949, the Michigan Life premium was still \$12.00 lower than the \$69.00 annual premium of Blue Cross.

It is plainly seen that during this two-year period the members saved many thousands of dollars in premiums and, on the whole, have enjoyed much better protection.

The Michigan Life Insurance Company has paid the full cost for any hospital room (including private) and on a world-wide basis. Under the Blue Cross contract, an allowance of only \$5.00 was made if a private room was occupied and our members had to pay the difference between that amount and the actual cost of the room. Furthermore, if the confinement exceeded 30 days, the allowance was cut to \$2.50 per day for the private room. In addition to this, our members had to be confined to a hospital locally to receive the maximum benefits as stressed by Blue Cross, which were semi-private and ward accommodations plus services for 30 days and for the next 90 days they paid only half the charges for these services and the member paid the other half.

When we say confined locally, we mean in a hospital in the territory under the supervision of the office of the Chicago Blue Cross and in a hospital which had a contract or working agreement with this Blue Cross office. This did not cover State-wide nor did it cover the other 47 states and the District of Columbia.

If a member were confined locally in a hospital without a working agreement with the local Blue Cross or in any other of the 47 states, his benefits were greatly reduced. For such confinements, a flat payment of \$6.00 per day for the first 30 days and \$3.00 per day for the next 90 days was allowed toward the bill for the room and services combined. This was quite inadequate for the payment of bills incurred.

At the conclusion of a two-year period

(Continued on page 29)

Function—Its Practical Application in Operative Dentistry*

By William Branstad, D.D.S., St. Paul, Minn.

The problem of function is one of the most important and one of the most controversial subjects in dentistry today. Although it gradually seems to be receiving some attention, the subject of oral physiology, which should be the very basis of all dental practice, is largely neglected in most considerations of dental problems. We judge dentistry largely on the basis of our ability to restore teeth or tooth structure lost through dental caries, whereas the real problem is the fact that more teeth are lost through malfunction than through decay and that our mechanical replacements do not agree with the biologic factors involved.

With the comprehensive basic science background that dentists are receiving today, they are better equipped than ever before to understand oral physiology and its relation to articulation of the teeth, digestion, periodontia and general health. Unfortunately, in dental practice he never brings that knowledge together in a comprehensive picture of the functional problems involved in creating and maintaining healthy mouths, which should be his primary concern.

Any practical method of establishing function or health of the teeth and their investing structures must be based on a knowledge of just how the mouth does function. This, therefore, is a presentation of some of the things which we must necessarily know in order to create and maintain a healthy mouth.

There have been many theories, techniques, and hypotheses advanced to explain and measure jaw function, and for obtaining functional, balanced or working arrangements of the teeth as the instruments of mastication. There have

been scores of articulating devices invented, and many of them used in attempting to obtain proper moving relations of models of the mouth as the basis of articulation of the teeth. There has been much confusion, and many have become discouraged with efforts to actually determine and duplicate the function of the mouth on an articulator. This has resulted in the use of almost meaningless occlusal forms in many operative procedures, and has given rise, in the denture field, to the use of teeth without cusps, inverted cusps or mechanical teeth to get away from the exacting relationships necessary to bring teeth into physiologic harmony with jaw motion, in order that they may function as they should without either prematurely destroying each other or their supporting tissues.

COMPLACENCY

There has been much complacency among dentists with averaging the function of the masticating apparatus. If the upper and lower teeth were capable of meeting in some sort of occlusal contact, it has been taken as an indication that the functioning of the teeth was normal and satisfactory. Or, if the patient has been able to chew with some degree of efficiency and comfort, it was assumed that he had a properly functioning occlusion and articulation. This relationship may be physiologic or pathologic depending on how well it happens to conform to the fixed biologic factors of the mouth. These are the hinge axis, mandibular centricity, the condyle paths, and the Bennett movement, which is a part of the condyle path.

While we need to learn a great deal more about mouth physiology and its

*Read at the Midwinter Meeting of the Chicago Dental Society, February, 1949.

basis, jaw movement, we also need to utilize what knowledge is now available. The procedure of using face-bows for the transfer and mounting of casts on the articulator, which depend on some arbitrary location of the area of the condyle, or the hinge axis, has led to difficulty because of its inaccuracy. The hinge axis is that axial center within the heads of the condyles constant to the mandible which determines the arc of closure on which the cusps meet in any occluding position of the teeth. It can only be accurately located by trial and error with a face-bow rigidly attached to the lower teeth or jaw. Errors in restorative procedures which fail to maintain the normal path of closure at the moment of contact may lead to loss of functional relationships required to maintain a healthy mouth.

After about a hundred years, we still do not have agreement among those who are thinking about the problem as to just how the jaw functions. There are in general two schools of thought with all shades of opinion ranging in between. On one side, we have those who believe that the teeth control the movement of the mandible. This implies that the temporomandibular joint is a loose, sloppy mechanism that will conform to any tooth arrangement and tooth form. On the other hand are those who believe the teeth exercise no control. Neither one can be considered without regard to the other and we must create teeth forms that will function cooperatively and in harmony with each other and with the rest of the oral organ. Subject to various factors, there is only one set of tooth forms that can function properly with a given set of condyle paths. A wider understanding of those factors which determine the moving relations of cusps is needed in order to understand the relation between the articulation of the teeth and the health of the mouth. We are indebted to the Gnathological Society of California for furnishing the only really accurate instruments with which this is presently possible. It would seem completely logical to accept their findings

at this time. As far as I know they have made the first studies of actual jaw motions upon which they have designed an instrument to study and duplicate them. We must be able to apply this knowledge to the creation of tooth forms to the end that our restorations will be a treatment for a sick mouth.

DEFINITION

Occlusion has been discussed so much that definition seems unnecessary but it should be clearly understood in its relation to articulation. Articulation is the dynamic anatomical relation of teeth in every possible contacting position or the change from one occlusion to another with the teeth in contact. It is an orderly movement of the cusps upon each other with the teeth in contact. Occlusion is the contact relation of the upper and lower teeth at a given stage of articulation. Centric occlusion should take place as the mandible is closing on the hinge axis in its centric relation. If the teeth do not interdigitate in this position, they are spoken of as being out of centric, or in an eccentric relationship. Some confusion arises because the terms articulation and occlusion are often interchanged incorrectly, as well as the terms centric occlusion and centric relation.

In any consideration of operative procedures, it must be believed that teeth are important to health. They are a most important part of the oral organ. They deserve the utilization of all available knowledge in their proper maintenance to useful purpose. This requires the making of an oral diagnosis in addition to a dental diagnosis. Noting cavities, missing teeth, calculus deposits, and abscesses with the aid of mouth mirrors, explorers and x-rays is largely dental diagnosis, and is mostly concerned with the structures of the teeth themselves. In order to study the relations of the teeth to each other, and to their supporting structures, and the forces that are brought to bear on them, an oral diagnosis is necessary. This implies the making of accurate

study casts and their proper orientation on an instrument capable of actually reproducing jaw relations. Only from a study of the teeth individually, and the mouth as a unit, can the real requirements of the case be determined. Thus a plan of treatment must be evolved which will make the mouth chew without chewing itself to pieces.

For some of these considerations I quote from a recent statement by Ernest Granger:

"The cusps, sulci, and fossae of the teeth that will function properly in any given mouth are the resultant of a number of variable factors: These are the condyle path, Bennett movement (which is the sideshift of the mandible), plane of occlusion, curve of Spee and anterior guidance, or combined overbite and overjet. Because of the infinite variety of possible combinations of these factors, cusp height and form vary widely between individuals. Under any given fixed set of these factors, there is only one set of cusps which can work. By varying one or more of the factors which are not anatomically fixed, such as the plane of occlusion, curve of Spee, and anterior guidance, within the limits imposed by the mouth under treatment, it is possible to exercise some degree of control over the average and relative cusp height." E.Q.

This is not a quick and easy way of developing proper tooth form and alignment, but it is at present the only method of approaching this ideal. Instead of guessing approximately, or using averages, having certain definite data from the head to work with really simplifies forming the correct restoration.

As the basic factors of a physiologic articulation are more widely understood it may well be that a simpler method of achieving harmony between our restorative remedies and jaw motion will be evolved.

McCollum said, "Fear of more and newer knowledge is a common attribute of every profession. This fear often becomes an excuse for non-acceptance. Often, this fear is founded, in the unin-

tiated, upon the results obtained by those who prostitute the principles by attempts to "make it easy." There is no royal road to diagnosis in dentistry. Dentistry is difficult—the more we know about it the more difficult it becomes. It takes more than the ordinary man or mind to master its difficulties. These difficulties are what set dentistry apart, and the mastery of them could give dentistry its place among the learned professions." E.Q.

PRIME PURPOSE

The production of well-fitting mechanical replacements is not exactly the major objective of dental practice. Aside from purely esthetic consideration, the prime purpose of tooth restoration is to enable people to chew. Many dentists themselves do not really believe that teeth are important. They fill cavities for cosmetic reasons, or to preserve the teeth themselves, with little apparent regard to preserving their most useful purpose. That this is true is evidenced by the dull, flat, polished occlusal surfaces frequently seen which have no real physiological relation to opposing ridges or cusps and sulci.

Wheeler in his manual on tooth form states, "Every curve and segment of a tooth has some functional basis, therefore, one cannot be too careful in reproductions of them. The hope is entertained that dental restoration will continue to develop as a science to restore function and not as a manual art to provide mere substitutes for lost tissue." E.Q.

Preparations in teeth are often made solely to hold the restorations in place, not with the thought in mind of creating the best possible occlusal forms to function with their antagonists. The restoration of a worn tooth to duplicate the condition presenting is to perpetuate inefficiency and any pathologic process. It may be expedient, but it is not good dentistry. It has been characterized as dental first aid.

The adequacy of dental remedies has

often been judged by marginal fit, contour, lack of any overhang at the gingival margin, contact with the adjoining units, and lack of premature contact with its opposing member in the other jaw. These are mostly elementary requirements concerned with the existence of the tooth regardless of its use, and taken alone or together will not make dentistry a real health service. Dentistry becomes a health service of the greatest value when it restores normal chewing efficiency as well as the teeth.

Most papers and clinics on operative dentistry have concerned themselves largely with fit and caries. I do not wish to minimize in any way the efforts of those who have labored long and hard to perfect the fit of our restorations. They have brought our technique to the point where failures in this regard are either due to carelessness or failure to use the knowledge and means available. If we were to use all the means at our disposal we could prevent the loss of most teeth, as far as their health is affected by fit alone.

Teeth with impaired function may be able to chew food sufficiently, but will often do so at the expense of their investing structures. It takes less effort and time for the mouth to perform its functions on food with sharp properly coordinated tools. The most important parts of the occlusal aspect of the teeth are their ridges and cusps. The marginal ridges cut fibers and large particles, preventing the wadding of food between the contacts, which would injure the adjacent gingival tissues. The grooves make possible ridge and cusp formation. The cusps must be connected by grooves which give them their purpose.

NEED FOR RESEARCH

There is a definite need for careful study and research on the biologic significance of mastication. The apparent improvement in the health and well being of people who have had their ability to chew restored, seems to be good evi-

dence of its importance. Some of you have had the experience of having a physician refer an ulcer patient for possible repair of the chewing mechanism as an early step in treatment. This indicates an appreciation of the importance of the mouth as the first organ of digestion.

It has been suggested that the slow progress of the effects of masticatory pathology is responsible for so many physicians and dentists overlooking its serious consequences. It is almost impossible to tell how much better off someone who has been deprived of chewing ability for ten, twenty, or more years would have been with it. It is true that a person can exist without the function of mastication, as well as they can also exist with marked malfunction of other vital organs. However, that is certainly no reason for not attempting to maintain the oral organ at its peak efficiency. Bird has said it is as important to chew at seventy as at twenty. If the membrane lining the alveolus becomes thinner with age it would be less apt to tolerate the stresses of malarticulation produced by wear and loss of teeth. The object of operative dentistry is to create tooth forms that will enable nature to maintain a healthy mouth.

Periodontists have long recognized the importance of malarticulation as evidenced by their grinding for the correction of occlusal trauma. However, I believe it is now admitted by some experts in this field that to attempt this correction directly in the mouth is merely to "chase" the pathology from one unit or area to another. If the correction of natural teeth is to be attempted, it should first be done on very accurate casts, properly mounted on a suitable articulator. Then after the best occlusive and articulative relations have been worked out by a definite step by step procedure on the casts they can be carried out in the mouth. In other words, an oral diagnosis is necessary to determine what adjustment, if any, can be done safely to further physiologic harmony between the teeth themselves and jaw motion.

Periodontists, with their interest in the investing structures of the teeth, are also concerned with the food deflecting contours of restorations, contact areas, flush gingival margins, and embrasures. They are concerned that the form of the cusps is such that the investing bone receives necessary and proper physiologic stimulation, that the forces that are transmitted to the bone are physiologic and not pathologic.

LOSS OF TEETH

There are few dentists who have not seen the loss of a full complement of caries-free teeth through periodontal disease. The early detection of a malarticulation and the establishment of a physiologic articulation could possibly have prevented this loss. Of course there are other medical factors such as metabolism and diet which must also be considered.

A purely dental examination and diagnosis would have revealed little or nothing of this pathology of function in its early stages. The patient is many times not aware of this condition until the teeth become loose, periodontal abscesses develop, or he just does not feel well, and it might be the teeth. It is then often too late. Complete oral diagnosis could be of the utmost value in recognizing these periodontal cases in their incipency. All operative and restorative remedies could then be planned to restore normal physiologic function, affording a real opportunity for doing preventive dentistry.

I am quite sure that we work harder to save teeth with known periodontal involvement than would have been necessary during the phase when prevention was largely possible. In other words, had we been as concerned with tooth form and articulation all through the years of dental treatment as we are when we are trying to arrest the destruction that has occurred, we could have created conditions that would make it possible for nature to maintain a healthy func-

tioning mouth. Our technical procedures must have meaning, whether they be inlays, crowns, or tooth replacements, and their success depends on how well we understand their real purpose.

In this regard, I would like to quote Granger:

"We must first possess a practical, rational philosophy based upon a biologic concept of the human mouth. This is not some abstract academic problem, but a practical necessity without which our dentistry is doomed to failure.

"Philosophy is an understanding of the fundamental causes leading to any given effect. It is not here concerned with the techniques for performing any given operation, but rather with what operations are required to make this a healing profession; not with how to fill a cavity, but what that filling must be to preserve a tooth with a basic understanding of the problem requiring a technique.

"The need for such a philosophy is the most acute, for reaching defects in dental practice today. It casts its lengthening shadow over the entire future of dental practice. It colors all the future planning for dentistry and hinges our relations with allied professions. Because of its lack, dental thinking wanders aimlessly from one technique to another, from one material to another, in an endless search for a cure-all, without ever conceiving the real problem. Technique and materials are the tools of dental practice; they are useful only as a means of fulfilling our biologic aims." E.Q.

OPERATIVE PROCEDURES

Our operative procedures must take into consideration all that is known about physiologic tooth form, articulation, and occlusion. Every portion of the contour of every tooth has a purpose, either to aid the tooth in maintaining itself and its place in alignment in the dental arch, or to protect the investing tissues. The operator should have a very clear picture in mind of the exact character of every surface of every tooth so that the restora-

tion may be carved to the best possible form for the individual concerned. The function of teeth requires a very definite design.

There are no flat planes on the incisal or occlusal surfaces of teeth unless they have been created by wear, or injury. Curved surfaces of teeth contact curved surfaces. Wear on cusps producing flat planes decreases the efficiency of the occlusal form. The ideal cusp on a posterior tooth is parabolic in shape. That is not to say that it is the form which must always be used. The proper cusp height and form is the one which conforms to the individual requirements of that mouth. We have previously indicated in a general way how it is possible to determine these requirements accurately.

CONTACT AREA

The contact point, which may be better termed the contact area, has two main purposes. It prevents the packing of food between the teeth into contact with the gingival tissues, which will result in a pathologic condition. In this function it is aided by the shearing action of properly placed and contoured marginal ridges, which are themselves segments of curved surfaces. The contour of the contact area also determines the extent of the interproximal space and the room available for the interseptal gum tissue. The contact areas also help to stabilize the dental arches by maintaining positive contact of all the teeth in either arch with each other. Loss of contact between two teeth, separating them, will allow a change in tooth alignment, changing the direction of forces brought to bear on the teeth, resulting in a malarticulation and its series of consequences. I think cases can be demonstrated where a good articulation has been ruined by the placement of one faulty or inadequate inlay.

With the loss of a tooth the adjoining teeth in the same arch begin migrating to fill the space. This destroys their contact relations and they become shorter as they tip off their long axis. At the same

time this migration destroys the occlusal relations of the teeth in the opposite arch. This breaks up the contact relation in the second arch also. A whole side may be thus affected and eventually the entire mechanism breaks down, all because of the loss of one tooth.

The embrasures make spillways for the escape of food during mastication, and also aid in making the tooth self cleansing, because more of the tooth contour is exposed to the friction of the tongue, lips and cheeks, and the excursions of food. The form of the proximal surface determines the contact area and the form of the embrasure.

The labial, buccal, and lingual curvatures of teeth at the middle and cervical thirds have a great deal more physiologic significance than is commonly supposed. They serve to deflect food material away from the gingival margins during mastication, at the same time allowing enough frictional stimulation for necessary gum massage. Not enough curvature, its absence, or neglect to properly restore it, will result in the gingival tissue being driven away from the tooth, with a consequent loss of the epithelial attachment, and eventual pocket formation. If the curvature is too great, another condition may occur wherein the gingiva is protected too much and it loses tone. Food materials accumulating under this exaggerated contour are protected from the normal cleansing actions, and are retained until gingival irritation and pathology results. Lack of function is often as important as overfunction.

JAW MOTION

It is difficult, if not impossible, to describe anything anatomic in exact geometric terms. The entire oral mechanism is designed to function with curved surfaces and on curves. This is one reason why jaw motion has been so difficult to understand. It emphasizes the logic of an approach which records actual jaw relations and their detailed study on an in-

(Continued on page 28)

NEWS OF THE BRANCHES

NORTH SIDE

Thanks to Fred Dattelzweig and co-workers, the Ladies' Night was the good event it has always been, but wish more of you would take advantage of it. Be sure to make it next year. . . . A few have returned from vacations and some lucky ones have yet to go. . . . Arthur Allen did some deep-sea fishing in the Bahamas with some good success. . . . Meyer Poliak returned from Coral Gables, Florida, and plans to go to California in July. . . . Louis Becker visited his sister in Florida in January. . . . A. H. Frey had himself a vacation in January. . . . Carl Gieler is off again and this time to see what they know at Ohio State University Dental School. He will spend a week in the Partial Denture Department. . . . Along that same line of thought, Art Krause is now teaching Prosthetics two days a week at C.C.D.S., the remainder of the time he spends in his office in the Field Annex. . . . Our old friend Herb Wesselhoeft was back for a short visit. He is now stationed at Ft. Sill, Okla. Sorry he didn't know about the Shrine Medical Staff Dinner the 11th of February at the Drake. Know Drs. Mayland and Larsen would have been glad to see him, as well as many others. . . . Saw Ted Kral at the Dinner Dance Wednesday evening during the meeting, and it made me feel rather old when I saw his son there with him, for Ted and I are both from N.U. 1936. . . . Guess Bill Osmanski believes there is some merit to the fluorine content of the Evanston water for he purchased a home there recently. . . . You all know the son of "Pappy" Boman, Vernon by name. He has gone and done something, and now "Pappy," while happy, will never be the same, for "Pappy" is now *Grand* "Pappy." The blessed event was about February 7. . . . Sorry to learn that Sam Koppel and Maurice Horan

have both been ill and wish them a speedy recovery. . . . A little more about our March 6 meeting. Our essayist, Dr. A. V. Purinton, recently spoke on the South Side and the group was so interested that they kept him until 2 a.m. This will be the type of meeting that will also be suited to both your wife and assistant. They could come for, or after, the dinner.—*Robert C. Pond, Branch Correspondent.*

WEST SIDE

Another big Midwinter Meeting has ended with apparently great success, judging by the number of fine comments I have heard. I was proud to see the large number of West Side dentists attending. We also had a good share of our West Side members participating in the program. Josh Vission was membership chairman and did a great job recruiting new members. Marvin Chapin and Elsie Gerlach were two of the essayists, in the symposium, "Oral Surgery Procedures for the Child Patient." They gave a wonderful presentation. Bill Martin gave a fine limited attendance clinic on diagnosis in oral surgery. Other essayists in the limited attendance clinics were Gerard Casey and Maury Massler speaking for children's dentistry. Presenting general table clinics were Ken Austin on immediate dentures, Robert Carroll on root canal therapy in children, Nate Potkin on penicillin in root canal therapy. Lloyd DuBrul presented a very good scientific exhibit depicting the evolution of human teeth and its related structures and its application to diagnosis and treatment. There were a great many more West Side men who served on committees and helped make the meeting the huge success it was. They all deserve a hand of applause. . . . There have been a great number of robberies occurring in

dental offices throughout the city. Several robberies on the West Side have been reported to me. Latest victim was Sam Silver. Two bandits came into his office one Saturday evening and at gun-point tied his patient to the dental chair and trussed Sam in the laboratory. They took money from him and his patient and left after threatening them. These robberies should be protested to the police. Let's hope for apprehension of these hoodlums and better protection for ourselves and our patients. . . . Look out Milton Berle—we have a television star in our midst. Jack Stein was a star performer in WBKB's "Fun at Johnny's." One of Jack's patients won a prize winning essay on the program by describing her gentle, humorous, and conscientious dentist. They then called Jack to appear on the program so that they could get a glimpse at a painless dentist. Jack showed all the fans that the essay was appropriately written. . . . Irv Gelman, Charley Shechtman and Sol Goldman are forming a federation of dental billiard and pool players. If you want lessons on the pool table, just contact them and you, too, may join the Federation. . . . Bill Walden is flying down to Mexico to rest for a few weeks. Good flying, Señor. . . . George Barnes became a grandpa for the second time. His daughter gave birth to a baby girl. Congratulations, Gramp! . . . Sorry to report that Irwin Jirka's brother-in-law passed away recently in St. Louis. He was president of the Noonan-Kocian art gallery in St. Louis. The directors of the gallery called upon Irwin to take over the presidency and he has accepted. Before taking over this big responsibility, Irwin and family are going to travel throughout Florida for about a month. Good luck at your new post, Irwin! . . . Don't forget our next regular meeting on March 14. The speaker will be Dr. Paul Edmand; his subject, "Occlusal Reconstruction in Mouth Rehabilitation." Also, it is election night. The nominating committee, after many nights of careful deliberation and care, has chosen the following slate: president—Adolph Stark; vice-president—Frank Kozlowski; secre-

tary—John Reilly; treasurer—Thomas DeVito; librarian—Stanley Sherman; West Side director—Robert Tuck. . . . See you all at the meeting and bring me some news.—*Irwin B. Robinson, Branch Correspondent.*

NORTHWEST SIDE

"Man Bites Dog." After chronicling the antics and doings of all our members for lo these many months, your correspondent completes the cycle by sending in a report on his own pleasant sojourn in Florida. And so, back to the mines. (Incidentally, does *anyone* know the person described at the head of the last column of our branch news? It just can't be me! Anyway, thanks, Ben Davidson, for such excellent pinch-hitting. I'll do the same for you some day!) . . . Your correspondent got back just in time to attend the grand 85th Midwinter Meeting of the Chicago Dental Society. As you have all heard, the meeting was a tremendous success. You also know or should know that many of our own branch members played important roles in achieving that success. . . . This column can't be stretched long enough to tell you about all of our boys' exploits at the convention, but we must give you the highlights. First, our own branch director, Thad Olechowski, rendered yeoman service in the preparatory work for the planning and producing of the meeting. . . . He is followed by our own hard working Toby Weinshenker, who, as Chairman of the General Arrangements Committee, had the most difficult and thankless job of the whole deal. The fact that the convention moved so smoothly and sparked all the way is a tribute to Toby's executive ability. . . . In the actual workings of the sessions, our boys began to shine. Irv G. Neer was chairman of the Motion Pictures Division; Frank Brzezinski was on the committee of the Limited Attendance Clinics Division; A. H. Tamarin served ably on the Relief Committee and on the General Clinics as well; Arthur Elfenbaum delivered an excellent clinic on

"Diagnosis in Dentistry," which was very well attended and very well received; Ed Friedrich was in his element on the Dental Health Education Division; Daniel D. Klein and Thomas Wright between them were a couple of very, very busy beavers, what with being presiding chairmen of, among other things too numerous to mention, the Essay Program and various clinics and discussions all the way from the erudite "Esthetics and Phonetics in Full Denture Construction" to "Developing a Dental Practice."... Fred W. Ahlers and John M. Gates worked nobly in the Essay Division.... Probably the outstanding feature of the whole convention was the General Clinics Division which was under the direct supervision of our own Henry Boris. This was a really big job which Henry handled in superb style. Tribute to his ability was the fact that even the huge Grand Ballroom was taxed over capacity by the attractions Henry was able to produce. It was truly a great job.... Samuel H. Goodfriend of our group was also in the General Clinics Division with the discussion of "Mechanics Applied in Treatment of Periodontia."... No less scholarly was Viggo B. Sorensen's clinic on "Cysts," in the same division.... One of the presiding chairmen of the Limited Attendance clinics was Frank Biedka.... Bob Placek also conducted a Limited Attendance Clinic on his procedures for making positive gold inlays. Bob's clinic was sold out long before the day scheduled for the meeting, and it was *really* good.... Your correspondent must apologize for leaving out many, many more names of our boys who helped make the convention the huge success it was. Unfortunately, I couldn't be everywhere at once and will therefore appreciate very much having my attention called to more of the fine exploits of our members which have not been mentioned.... And now to fulfill some of our gossiping obligations: Gus Tilley, our demon golfer, scamped down to Hollywood (Florida) to practice more shots no doubt, but the important news is that his turf digging was cut short by the arrival of his second

grandchild, Allen Joseph, born to Gus' daughter, Barbara.... Iver Oveson has left on a three-week trip to Miami.... W. C. Schuessler reports on completion of a 4500 mile trip with Mrs. Schuessler by car down through the Southland. Feature of the trip was the fact that their six-month-old son went right along (tough baby, that).... Thad Olechowski sends in an urgent S.O.S. Our branch is behind in its A.D.A. relief quota. You all know how important this work is, so PLEASE, help us go over the top by sending in your contribution NOW.... We regret to report the death of J. B. Zielinski, who practiced dentistry for 55 years and practiced until 4 months before his death at age 81. A fitting obituary is being prepared for him.... Despite all the furor and hard work which went into the C.D.S. convention, our own branch has prepared another terrific program for the next meeting, March 14. A. V. Purinton, of Philadelphia, will speak on "Public Relations and Its Importance to The Dental Practitioner." The advance notices indicate this will be a great program which you can't afford to miss, so mark the date now!—J. S. Lebow, *Branch Correspondent*.

KENWOOD-HYDE PARK

"Oral Surgery for the General Practitioner" will be the subject discussed by Dr. Ralph Rudder at the March 7 meeting of Kenwood-Hyde Park Branch. Those extraction problems which cause us difficulty in our every day practice will receive special attention. Dr. Rudder is an outstanding essayist and will, I am sure, make our evening very worthwhile. Mr. Huntington, of Huntington & Homer, will discuss hospital insurance problems.... Our president, Larry Johnson, spent some time in the hospital but is now back on the job and coming along very well. A speedy recovery, Larry!... Our Kenwood boys gave a good account of themselves during the Midwinter Meeting in the limited attendance clinics,

general clinics, and committee service. Congratulations, boys, for a job well done! . . . Gramps Libberton, Syl Cotter, Byron Kelly, and Jesse Carlton were busy in the American Denture Society program. . . . Stan Korf appeared before the Detroit Dental Society, where he presented a paper on children's dentistry. He also gave a radio talk while there. . . . Our director, Walt Dundon, reports having had a grand time down Mexico way. I repeat—if he keeps up his present rate of air travel, he will soon surpass Eleanor. . . . For dinner reservations, call Stan Wrobel at PLaza 2-6020. Any news, telephone me at SOuth Chicago 8-1823.—*Elmer Ebert, Branch Correspondent.*

SOUTH SUBURBAN

A person never realizes the power of the press, especially if one has tendencies to be a bit vindictive. Sitting at lunch with a few of the boys from South Suburban during the recent Midwinter Meeting, one of them made a remark about one of us seated at the table. The target of the remark turned to me and said, "For gosh sakes, don't put that in your column." It must be something of the feeling that Stalin and some of these other guys must have being kingpin and there is no one to say "no." Just to play safe, we lean over backwards so as not to offend. . . . To get on to something more erudite, we are to have as our speaker at the March 7 meeting a very prominent oral surgeon, speaking on the topic of "Hospital Procedures." Since more of us are availing ourselves of the facilities of the hospital, it would be very informative for us to get to know a little more as to how and what to do when we send a patient to the hospital. . . . We are happy to announce that Harry Lees will be passing out cigars—Michael John arrived January 14. Harry modestly says he is number two. . . . Blue Island TV viewers have a menace in their midst in the shape of one dentist by the name of Brookstra. Brook was

telling us that when he goes on the air with his short wave outfit, all the television sets in the area blank out; so out of consideration and also to save himself some broken windows, he is only on the air after 10 p.m. . . . We have a prospective new member in our group. J. M. Hannell of Hoopston recently purchased E. E. Carlson's office. . . . L. N. Drues and B. L. Wexler are really doing things in a big way. They purchased for their new offices equipment for three operating rooms, complete with Roto seats. . . . That's all for now; see you all March 7 at Surma's—*H. C. Gornstein, Branch Correspondent.*

NORTH SUBURBAN

Just a short time before I sat down to write this column summary, I noticed by the papers that a tornado swept through Hurricane Hills, Tenn., and it may, by now, have the new name of Mud Flats. So I moved my thoughts of southern cotton and spring back to Evanston with the ice freeze where they, too, seemed to have frozen. . . . Now the Chicago Midwinter Meeting is history and I'm certain each of you attending learned much from everyone you personally encountered. Anyhow I couldn't write about it for part would be repetition. . . . The next big drawing card for the local North Suburban turnout was Wieboldt's new Evanston store. I believe I saw more branch dentists there than at the Midwinter Meeting. Naturally, I tried to "F.B.I." the situation to see what catalyst was used. I think I found it right in the subject, "Open House for Men Only." (All you future program and attendance men please note.) The program consisted of a fashion show (Patricia Stevens, real, live models), a host of professional athletes in person (strong stuff for guys that have to lean on chairs as dentists do), and a barber-shop quartet that specialized in such songs as "Grandma, get out of that wheatfield, you're going against the grain," etc. Oh yes, don't forget a big drawing for that lucky number. Now, just

so you will believe me, here's a list of most of those present (just ask them): Jim Plants, Jim Fonda, Otto Brasmer, Al Parcell, R. L. Lasater, E. F. Bommer-scheim, R. R. Davy, O. B. Davy, Russell Ephland, Art Leaf, Russell Berner, Ferman Mitchell, Fred Merrifield, L. B. Bowles. . . . More news? OK—Carl Schramm was recently elected president of Tau Epsilon Delta, a navy reserve fraternity. . . . Bill Murray is in Florida, as are J. C. McGuire, Sr., and O. E. Scott. . . . O. B. Davy, Jr.'s have two more (twins). Congratulations (twice)! . . . Clipped from a "foreign" newspaper: —Bellhop (after guest has rung for ten minutes): "Did you ring sir?" Guest: "No, I was only tolling, I thought you were dead." . . . The American Red Cross annual Fund Campaign will again be held during March. Members of committees will call upon all Evanston and North Shore dentists who are urged to make their contributions, if possible, through their dental committee. The Dental Society will then receive some credit or recognition. In past years the dentists have had an excellent record of support for this worthy cause and we are sure 1950 will be equally as satisfactory. . . . The next North Suburban meeting is Tuesday, March 14. (Please note that the season dinner tickets are mis-dated the 7th and should be the 14th.) The speaker is Maury Massler of the University of Illinois with the subject—"Oral Infections." Sid Freud said that another door prize drawing is planned, so see you there.—*John C. McGuire, Jr., Branch Correspondent.*

ENGLEWOOD

With the Midwinter Meeting just over, a few minor notes on Englewood items may not be out of order. . . . John Thompson handled the general program committee in the capable manner we consider routine for him. . . . Vince Milas turned in a sparkling job on publicity. The daily newspapers gave us a coverage good in quantity and excellent

in quality. The knee on chest, "This won't hurt a bit," so-called humorous angles were conspicuously absent. . . . John Lace provided a fine set-up (I didn't say "set-ups") for the Old Timers' room, though at times it seemed like one of the private dining rooms on the third floor could have been used to better advantage with the throng present. This proves that Englewood can always assuage a great thirst—thirst for knowledge, I mean! . . . Ivan Hoag, formerly of our branch and now in Grants Pass, Oregon, visited the room. Also, Ed Schwalen was spied there and we are happy to see him around again. . . . Among the many social events, the class luncheon and first get-together of the Loyola class of '40 was easily the most brilliant and certainly the most outstanding success. Question: To which class does your correspondent belong? Offhand, we recall among those present, Fireman and Fishman—an old time duo; Henry Mathews making a speech; Joe Vocat purloining a bottle; John Kryda telling us what's right with the Navy in spite of the "Mo"; Stan Rozanski on his third dish of ice cream. . . . At a similar luncheon of the class of '21 Loyola, Harry Spiro was elected president of his group. . . . Englewood seems to have made a putsch into the National Endodontic Society. Tom Starshak was elected to the board of directors, Vince Milas was reelected treasurer, and Les Kalk became chairman of general arrangements. Let's have no more putrescent canals in our bailiwick. . . . Frank Farrell, Ray Van Dam, and Boles Gobby had an interesting clinic on dentures. While circling the room, we noticed our trio kept those well known denture specialists, Sears and Kurth, absorbed for nearly an hour. Any lower denture problems will be promptly solved by a simple telephone call. . . . Incidentally, if anyone should wish to take Frank Farrell or Jim Nowlan to lunch (though I can't imagine why they should want to) now is the time to do it, for they are dieting off those extra pounds acquired at Antoine's during the Mardi Gras. . . . Bill Burke,

(Continued on page 26)

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DEALERS IN ALL MAKES OF EQUIPMENT

NEWS OF THE BRANCHES

(Continued from page 20)

who gave a fine clinic on acrylic bridge-work, is a good illustration of the dangers society work entails. For three weeks before the Meeting, his wife couldn't get a speck of work out of him, he was so busy polishing up models for the clinic. Though about ready to throw the society up for grabs, she consoled herself with the thought that with the meeting over Bill could get going on those repairs to the house. In fact, to expedite matters, she met him at the door the last day of the meeting with a hammer and saw, so that he wouldn't lose a moment on that work. And, his first words were, "Honey, a couple of fellows from Minneapolis liked my clinic so much they've asked me to come up there to give it. So, I've

got to get busy on it right away." Note to Minneapolis: There is a reasonable hope that Bill will be out of the hospital by Easter, so plan your program accordingly. . . . Bill Pollock, who was well known to many men on 79th Street, passed away a few weeks ago after a rather long illness. . . . Jerry Wilher has been in the hospital for several weeks with severe third degree burns. Extensive skin grafting is necessary, so he is having a rough time. . . . Our program committee, which has certainly been on the ball this year, has a program on economics planned for the March meeting. Wallace Kirby is the speaker, a very well known lecturer to Chicago men and a man with a wealth of experience in this field. In our changing economy, this is certainly an apropos subject.—*Francis J. Garvey, Branch Correspondent.*

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**EIGHTY-FIFTH
MIDWINTER MEETING**

(Continued from page 7)

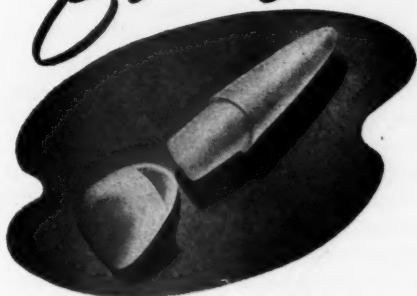
fields, and dentists have seen a slackening of the terrific rush that has been experienced during the last five years. A Pollyanna attitude toward socialized medicine seems to exist, many older men taking the selfish attitude that it will make things easier for them in their few remaining years of practice. The possibility of another war seemed to sober the boys somewhat, for with the atom and hydrogen bombs, we now have in our hands the equipment to wipe the present civilization off the face of the earth.

In closing, we should stop to give thanks to the officers and directors of the Chicago Dental Society; to the members of the different committees for their services and valuable time; to the affiliated groups for helping to round out the convention; to the essayists and clinicians for sharing their knowledge and experience with us; and to the technical and commercial exhibitors for their help in dentistry. God willing, we'll see you all

in Chicago next year for the 86th Midwinter Meeting.—E. J. S.

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FUNCTION—ITS PRACTICAL APPLICATION

(Continued from page 15)

strument capable of reproducing them. At the present time I believe this is the only really practical way of forming restorations for the mouth that can actually function physiologically. An adequate articulator is to operative dentistry what the microscope is to the pathologist and its value will be proportional to how well we understand oral physiology.

The average patient does not have normal function of the masticatory apparatus and it is up to us to find out what the real requirements are to place the mouth in its best possible condition. This may involve orthodontic treatment to bring about proper tooth alignment and arch form, it may indicate that selective grinding of some tooth surfaces may be helpful or all of the occlusal surfaces may need restoration to bring them into physiologic harmony with each other and jaw movements. It is also true that any combination or all of these three procedures may be necessary.

Filling cavities to maintain the status quo of a disturbed or pathologic occlusion does not mean that we are fulfilling the requirements of mouth treatment, no matter how well the inlays or crowns fit the teeth. Most of us have seen extracted teeth with excellent restorations in them which give evidence that fit alone is not enough.

The development of the casting process by Taggart was of tremendous importance to dentistry. It opened up a whole new field of possibilities in restoring physiologic tooth form. Unlike amalgam, which can only be carved away, it became possible to add and remove wax from a pattern until the desired contours were obtained. The occlusive and articulative surfaces of the restoration could be tested and finished to the proper form.

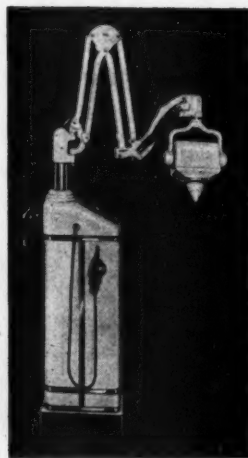
These surfaces could be brought into harmony with the condylar factors prescribing them. The interproximal and contact areas could be brought to final form without depending almost entirely

on the adaptation of a matrix, as happens with amalgam restorations.

In conclusion, an effort has been made, to point out with available information, in a very elementary way, that the functional relations of our restorations are more important than fit; that the business end of a tooth deserves our most skilled efforts; that there is enough knowledge available today, if it is utilized, to enable us to create restorations for natural teeth that are in harmony with the biologic requirements of the mouth. We must consider the importance of the individual tooth as a functioning unit of the entire mouth, to the end that dental restorations may become a treatment for a sick mouth instead of so many pieces of inert matter stopping holes in teeth.

McCollum has said "that American dentistry shows great skill in the construction of parts for the mouth, our technique is the envy of the world, but we are only makers of parts which bear no relation to the whole; the assembly of these parts often results in a ruinous mechanism." E.Q.

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C.D.S. HOSPITAL COVERAGE BEST IN FIELD

(Continued from page 9)

with Michigan Life, the Company has found it necessary to increase the premium and, in addition, place a limit of \$10.00 on the room allowance. No other changes are being made in the benefits. Actually, this is the first time that our premium is going to exceed the premium that we would be paying if we had remained with Blue Cross. The new premium for the family hospital policy with Michigan Life is \$75.00 annually. This compares favorably with the current \$69.00 of Blue Cross. The members who carry the individual policy still pay Michigan Life less, their premium being \$30.00 as against the Blue Cross premium of \$35.00.

For the policy year 1948, Michigan Life paid out \$36,557.96 more than they received from our members. In 1949, they again paid out \$53,828.27 more than was taken in. In these two years, the Company has sustained an actual cash loss in excess of \$90,000.00 and in addition thereto the Company has had to pay operating expenses and taxes.

A study of the situation disclosed that the main contributing factors to this excessive loss ratio were increased hospital costs, occupancy of high priced private rooms (\$25.00 to \$30.00) and the use of hospitals for diagnostic purposes.

Next, the Company had to decide between increasing the rate by approximately 50% or severely cutting the benefits. Finally, after much deliberation, they decided it would be better to limit the room allowance to \$10.00 and lower the amount of the premium increase. It was felt that the reduction in the room allowance would greatly curtail the needless occupancy of the high priced private rooms.

Consideration was also given to eliminating hospital coverage when admittance was strictly for diagnostic purposes. This thought was dropped when it could be seen that many claim disputes would arise between the members and the Com-

pany as to the reason for the hospital admittance, especially so if a physician stated that another condition and not the diagnostic services was the primary reason for the confinement. Nevertheless, these diagnostic services performed in a hospital have added many thousands of dollars to the Company losses and as a result our entire membership is paying the penalty in the form of increased premiums. We sincerely urge all members to cooperate by having diagnostic work performed at the physician's office if it is possible to do so, thereby saving the dollars which have to be paid to the hospital for the room and services. Cooperating in this manner will assist the Company in reducing the future premium payments to all of us. The Company has guaranteed our present rate against increase for a two-year period but with good experience has assured us of a reduction in the cost, and that is something we should all look forward to and strive for. We have the best in hospital insurance—now—let's keep it.

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